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<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/687575-Conf. #9336
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	October 13, 2000
405.00		First Named Inventor	Rima KADDURAH-DAOUK
		Examiner Name	R. K. Covington
		Art Unit	1625
		Attorney Docket No.	AVZ-007CP3

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

**Total Claims** 40 - 90 =        x        =        **Fee Paid (\$)**

**Indep. Claims** 4 - 7 =        x        =        **Fee Paid (\$)**

**Multiple Dependent Claims**

Fee (\$)	Fee Paid (\$)
180.00	180.00

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u>      </u>	<u>      </u>	<u>      </u> / 50 (round up to a whole number) x <u>      </u>	<u>      </u>	<u>      </u>

**4. OTHER FEE(S)**

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): <u>2252 Extension for response within second month</u>	<u>225.00</u>

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	53,623
Name (Print/Type)	Cynthia M. Soroos	Telephone	(617) 227-7400
		Date	January 23, 2006



<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. AVZ-007CP3	
Application No. 09/687575-Conf. #9336		Filing Date October 13, 2000		Examiner R. K. Covington	
Art Unit 1625					
Applicant(s): Rima KADDURAH-DAOUK <i>et al.</i>					
Invention: COMPOSITIONS CONTAINING A COMBINATION OF A CREATINE COMPOUND AND A SECOND AGENT					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	40	- 90 =		x	
Independent Claims	4	- 7 =		x	
Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/>					180.00
Other fee (please specify): Extension for response within second month					225.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>405.00</b>
<input type="checkbox"/> Large Entity <span style="float: right;"><input checked="" type="checkbox"/> Small Entity</span>					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>12-0080</u> in the amount of \$ <u>405.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-0080</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Cynthia M. Sofoos Attorney/Agent Reg. No.: 53,623  LAHIVE & COCKFIELD, LLP 28 State Street Boston, Massachusetts 02109 (617) 227-7400				Dated: <u>January 23, 2006</u>	
Express Mail Label No. EV 608 865 755 US    Dated: January 23, 2006					